



IN REPLY REFER TO:

# United States Department of the Interior

## BUREAU OF RECLAMATION

Commissioner's Office

PO Box 25007

Denver Federal Center

Denver, Colorado 80225-0007

June 5, 1998

Dear Survey Participant:

We at the Bureau of Reclamation are committed to consistent and efficient delivery of high-quality products and services to our customers. We are in an era of change. To be a responsive organization, we must foster an atmosphere of partnership between our staff and our customers; to do so, we need your help.

Our customers have been instrumental in helping us evaluate and direct our current business practices and future plans. Now, through the attached survey, we are systematically collecting information, bureau wide, about our customer service. We will use the results of this survey to make meaningful improvements and to provide a baseline from which to measure our future performance. The survey, which should take about 15 minutes to complete, includes the following six sections:

- Doing Business with the Bureau of Reclamation
- Assessing the Bureau of Reclamation's Staff
- Evaluating the Bureau of Reclamation's Performance
- Your Ideas
- Information About You

This survey has been designed to collect information from people having a wide range of interactions with the Bureau of Reclamation concerning a variety of issues. You have been selected as part of a representative sample of our customers and partners.

Your response is confidential. All responses will be tabulated by an independent contractor, and information will be published only in summary and statistical form. If you have any questions, please contact Gene Munson, Customer Satisfaction Survey Coordinator, at (303) 236-1061, ext. 297. We would appreciate receiving your completed survey in the enclosed, self-addressed, stamped envelope by **July 8, 1998**.

On behalf of the Bureau of Reclamation, I thank you for your interest, involvement, and timely response.

Sincerely,

Eluid L. Martinez  
Commissioner

## Section 1: Doing Business with the Bureau of Reclamation

### 1.1 During the past 12 months, in doing business with the Bureau of Reclamation, please circle your level of agreement with the following statements...

<i>The Bureau of Reclamation...</i>	<i>Always</i>	<i>Often</i>	<i>Some- times</i>	<i>Rarely</i>	<i>Never</i>	<i>Don't Know</i>
Provides easy access to the people I need to contact	5	4	3	2	1	DK
Answers my needs with a single point of contact	5	4	3	2	1	DK
Provides accurate information	5	4	3	2	1	DK
Provides consistent information	5	4	3	2	1	DK
Is committed to understanding my needs	5	4	3	2	1	DK
Uses plain language	5	4	3	2	1	DK
Values my relationship as a customer	5	4	3	2	1	DK

**Paperwork Reduction Act Statement:** This survey is being conducted to obtain information from you regarding the Bureau of Reclamation's customer service. Response to this request is voluntary. No action may be taken against you for refusing to supply the information requested. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number.

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Bureau of Reclamation, Property and Office Services, Attention: D-7924, P.O. Box 25007, Denver, CO 80225-0007; and the Office of Management and Budget, Office of Information and Regulatory Affairs, OMB Approval No. 1006-0021 Washington, DC 20503.

OMB Authorization No. 1006-0021 expires 01/31/1999.

**1.2 During the past 12 months, how frequently, on average, did you contact and/or receive information from the Bureau of Reclamation?**

**1.2a I contacted the Bureau of Reclamation...**

Daily ☐  
 Weekly ☐  
 Monthly ☐  
 Quarterly ☐  
 Annually ☐  
 Never ☐

**1.2b I received information from the Bureau of Reclamation...**

Daily ☐  
 Weekly ☐  
 Monthly ☐  
 Quarterly ☐  
 Annually ☐  
 Never ☐

**1.3 During the past 12 months, how would you rate the Bureau of Reclamation's performance in...**

	Excellent	Good	Fair	Poor	Very Poor	Not Applicable
Asking for my ideas	5	4	3	2	1	N/A
Listening to my ideas	5	4	3	2	1	N/A
Considering my ideas	5	4	3	2	1	N/A
Including my ideas in decision making	5	4	3	2	1	N/A

**1.4** Please ✓ if receiving information from the Bureau of Reclamation on the following topics is of value to you. (please ✓ all categories that apply)

	Yes	No
Bureau of Reclamation's mission	<input type="checkbox"/>	<input type="checkbox"/>
New initiatives	<input type="checkbox"/>	<input type="checkbox"/>
Research and development	<input type="checkbox"/>	<input type="checkbox"/>
Dam operation and maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Environment	<input type="checkbox"/>	<input type="checkbox"/>
Rate setting	<input type="checkbox"/>	<input type="checkbox"/>
Historical and archival information	<input type="checkbox"/>	<input type="checkbox"/>
Design and materials data (e.g., blueprints)	<input type="checkbox"/>	<input type="checkbox"/>
Laws/regulations governing the Bureau of Reclamation	<input type="checkbox"/>	<input type="checkbox"/>
Cost accounting	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
Power	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____		

**1.5** *In what method would you like to receive information from the Bureau of Reclamation? (please ✓ all categories that apply)*

	Yes	No
Fax	<input type="checkbox"/>	<input type="checkbox"/>
Internet/E-mail	<input type="checkbox"/>	<input type="checkbox"/>
Personal meetings	<input type="checkbox"/>	<input type="checkbox"/>
Postal delivery	<input type="checkbox"/>	<input type="checkbox"/>
Public meetings	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>

**1.6** *If the Bureau of Reclamation could make one improvement in its interaction with you, what should it be?*

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## Section 2: Assessing the Bureau of Reclamation's Staff

**2.1** *Do you know whom to contact at the Bureau of Reclamation for assistance with your specific needs?*

Yes ☐  
No ☐

**2.2** *During the past 12 months, which level of Bureau of Reclamation office did you contact most regularly?*

Local Area ☐  
Regional ☐  
Commissioner ☐

**2.3** During the past 12 months, please ✓ the staff type you have dealt with most regularly.

Professional and Technical ☐  
 Managerial ☐  
 Administrative ☐  
 Industrial and Vocational Trades ☐

**2.4** Please circle how you agree with the following statements...

<i>The Bureau of Reclamation's staff are. . .</i>	<i>Always</i>	<i>Often</i>	<i>Some- times</i>	<i>Rarely</i>	<i>Never</i>	<i>Don't Know</i>
Accessible	5	4	3	2	1	DK
Helpful	5	4	3	2	1	DK
Knowledgeable	5	4	3	2	1	DK
Timely in their responses	5	4	3	2	1	DK
Courteous/respectful	5	4	3	2	1	DK

**2.5** *Please share any additional comments you have about staff in any of the Bureau of Reclamation's offices.*

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**2.6** *What is the single most important action that the Bureau of Reclamation could take to help its staff improve customer service?*

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### Section 3: Evaluating the Bureau of Reclamation's Performance

**3.1 Please rate the Bureau of Reclamation's performance in the following programs and initiatives.**

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>Very Poor</i>	<i>Don't Know</i>
Cultural & archeological resources	5	4	3	2	1	DK
Dam safety	5	4	3	2	1	DK
Endangered species restoration	5	4	3	2	1	DK
Environment	5	4	3	2	1	DK
Hydropower generation	5	4	3	2	1	DK
Facilities operation & maintenance	5	4	3	2	1	DK
Native American affairs	5	4	3	2	1	DK
Public safety	5	4	3	2	1	DK
Recreation	5	4	3	2	1	DK
Research	5	4	3	2	1	DK
Resources management	5	4	3	2	1	DK
Water conservation	5	4	3	2	1	DK
Water reuse & treatment	5	4	3	2	1	DK
Water supply	5	4	3	2	1	DK
Other: _____	5	4	3	2	1	DK
(please specify)						

**3.2 Which program or initiative listed above is the most valuable to you?**

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## Section 4: Your Ideas

**4.1** *Please provide any additional thoughts and/or comments you would like to share about the Bureau of Reclamation.*

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## Section 5: Information About You

5.1 Please ✓ the category that best describes your affiliation.

- |                        |                          |                              |                          |
|------------------------|--------------------------|------------------------------|--------------------------|
| Federal Government     | <input type="checkbox"/> | Native American Nation/Group | <input type="checkbox"/> |
| State Government       | <input type="checkbox"/> | Water-based organization     | <input type="checkbox"/> |
| Local Government       | <input type="checkbox"/> | Power-based organization     | <input type="checkbox"/> |
| Nonprofit organization | <input type="checkbox"/> | Individual                   | <input type="checkbox"/> |
| Private business       | <input type="checkbox"/> | Other: _____                 | <input type="checkbox"/> |
|                        |                          | (please specify)             |                          |

5.2 Please ✓ the program area that best describes the primary service you receive from the Bureau of Reclamation.

- |                    |                          |                            |                          |
|--------------------|--------------------------|----------------------------|--------------------------|
| Agricultural water | <input type="checkbox"/> | Municipal/industrial water | <input type="checkbox"/> |
| Cultural resources | <input type="checkbox"/> | Power                      | <input type="checkbox"/> |
| Environment        | <input type="checkbox"/> | Recreation                 | <input type="checkbox"/> |
|                    |                          | Other: _____               | <input type="checkbox"/> |
|                    |                          | (please specify)           |                          |

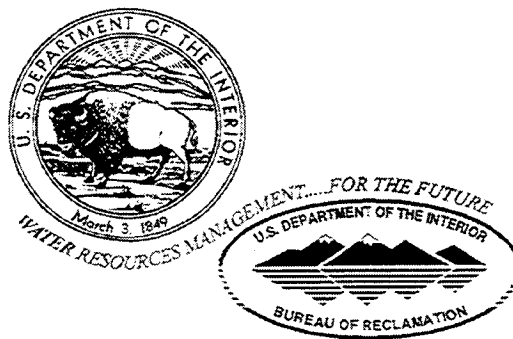
5.3 In the spaces below, please provide your 5-digit zip code.

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Please return this survey in the enclosed, self-addressed, stamped envelope by July 8, 1998, to:

Argonne National Laboratory  
Attn: Jill Jackson  
DIS-900  
9700 South Cass Avenue  
Argonne, Illinois 60439

***THANK YOU FOR PARTICIPATING!***



### **The Bureau of Reclamation's Principles of Customer Service**

- We will always treat our customers with courtesy and respect.
- We will promptly answer our customers' questions with accurate, objective information.
- We will resolve our customers' needs through a single-point contact whenever possible—our customers will not receive the "run around."
- We will provide educational information to our customers about the resources we manage, their use, and the laws and regulations governing their use.
- We will use language that our customers can easily understand.
- We will ask for and consider our customers' ideas about agency plans, programs, and services.
- We will promptly respond to our customers' suggestions, concerns, and complaints.